

**IN THE CHARDON MUNICIPAL COURT
GEAUGA COUNTY, OHIO**

Name of Petitioner

Street Address

City/State/Zip

Phone Number

SSN (last 4 digits only)

License No.

DOB

VS.
REGISTRAR,
BUREAU OF MOTOR VEHICLES
Driver's License Division
P.O. Box 16520
Columbus, OH 43266-0020

BMV Case No. _____

COURT CASE NO. _____

- 12 POINT SUSPENSION APPEAL PETITION
R.C. 4510-.037 (G) - **\$85.00 FEE**
SUSPENSION IS STAYED PENDING APPEAL.

- FINANCIAL RESPONSIBILITY SUSPENSION
PETITION FOR LIMITED DRIVING
PRIVILEGES - **\$85.00 FEE**
- (CLASS E – 3 MONTH SUSPENSION)
R.C.4509.101(A)(2)(a) – 1ST SUSPENSION
- (CLASS C – 1 YR SUSPENSION) R.C.4509.101
(A)(2)(b) – 2ND SUSPENSION AFTER 15 DAYS

- PETITION FOR EXTENSION OF TIME TO
PAY RESTATEMENT FEES - **\$85.00 FEE**
R.C. 4510.10(B)(2)
OCCUPATIONAL/FAMILY NECESSITY PRIVILEGES ONLY

- REINSTATEMENT FEE PLAN R.C.4510(B)(1) - **\$85.00 FEE**
PAYMENTS OF NOT LESS THAN \$50.00 PER MONTH
NO DRIVING PRIVILEGES

I am requesting occupational driving privileges. I have attached proof of employment showing the location of my employer(s), hours and days of employment. Or I am requesting driving privileges for educational, vocational, medical, or other reasons. I have attached a schedule showing the specific purpose, location, date, and times that driving privileges are needed.

OR

I have paid all reinstatement fees and filed proof of insurance with the BMV.

I have not paid my reinstatement fees and request a payment plan of \$_____per month until the fee is paid in full.

This information is true to the best of my knowledge and I have attached proof of financial responsibility.

PETITIONER _____

WITNESSED _____
NOTARY/DEPUTY CLERK